

OSUP ELECTRONIC FUNDS TRANSFER ENROLLMENT FORM		Please review instructions before completing this form. Please print or type. Please attach a copy of a voided check or deposit slip.
Vendor Name: _____		Please Check One: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change
Vendor Address: _____ City: _____ State: ____ Zip: _____		For OSUP use only: Vendor No.: _____ Partner Function: _____
Vendor FEIN/SSN: _____		
ACH Routing No.: _____	Circle C for Checking or S for Savings Check/Savings Ind: C or S	Bank Account No.: _____
Bank ACCT DESCR: _____		
Bank Name: _____ Bank Address: _____ City: _____ State: ____ Zip: _____		Bank Telephone No.: (_____) _____ - _____

By completing the information listed above, I hereby authorize the State of Louisiana, Division of Administration and their designees (**State**) to initiate ACH credit entries to the financial institution account listed as requested by the individual or organization above (Vendor) for payment of goods and services received. This authorization is to remain in full effect until such time as the **State** is notified in writing by the vendor. This notification must include such time and be in such a manner as to afford reasonable time for the **State** to act on it. I certify that I am authorized to complete the information listed above in the unshaded areas on behalf of the individual or organization named above and resolve issues related to enrollment. The information presented above is true and correct for the individual or organization named above. I am solely responsible for any fees assessed by my financial institution for their services. The **State** reserves the right to issue a check for payment when the situation warrants. **I agree to notify the State of changes to the information listed on this form immediately. Failure to provide the State with correct information or failure to notify the State of changes to bank and/or account information will result in the Vendor bearing sole liability for lost and/or misdirected payments. I understand I will receive my remittance information through the LaGov Supplier Portal (SUS).**

Vendor's Authorized Signature:		Print Name:		
Title:		Date: __/__/__	Fax #:	(_____) _____ - _____
			Phone #:	(_____) _____ - _____

FINANCIAL INSTITUTION:				
I confirm that the routing and account information listed above is correct and our financial institution has the ability to receive ACH credit files.				
Name:		Date:		Title:
				Phone #:

**Send completed form to DOA-OSUP Attn: VENDOR PAYMENT PROCESSOR
at P.O. Box 94095, Baton Rouge, LA 70804-9095 or fax form to (225) 219-4432**